

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH St. Louis 1936

791

24278

County.....

Registration District No. 1003

File No. 5892

Township.....

Primary Registration District No. 2542 Humphrey

Registered No. 5892

City St. Louis (No. St. Louis)

St. 16 Ward.

St. 16 Ward

2. FULL NAME Mrs. Mary Hermann

(a) Residence, No. 3542 Humphrey St. 16 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Hermann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 8 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own  
10. Date deceased last worked at this occupation (month and year) January, 1936 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

FATHER 13. NAME John Blomd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

17. INFORMANT (ADDRESS) Harbert Hermann 3542 Humphrey St. Louis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE June 5, 1936

19. UNDERTAKER (ADDRESS) E. H. L. Moll Masonic

20. FILE JUN 7 1936 J. P. Bredeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5<sup>th</sup>, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3<sup>rd</sup>, 1936, to June 5, 1936. I last saw h. or alive on June 5<sup>th</sup>, 1936. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of liver  
Diabetes  
Date of onset unable to say  
for years

Other contributory causes of importance:  
Removed Stone from gall bladder Date of 4-7-36  
What test confirmed diagnosis? Operation. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury....., 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Peter A. Beck, M. D.  
(Address) 4791 St. Louis Ave

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100M-11-24-33

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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